

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

05-04-2005 90131 040 ***150.00

DOCUMENT # P04000163583

1. Entity Name

SHREDALL 4 SECURITY, INC.



Principal Place of Business

4240 SE 20TH PLACE #209
CAPE CORAL FL 33904

Mailing Address

4240 SE 20TH PLACE #209
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

66022871



1st MOORE

CR2E034 (10/04)

4. FEI Number

320134487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BILLSTROM, RONALD I
4240 SE 20TH PLACE #209
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and role if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00.

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: *President*
NAME: *Ronald I. Billstrom*
STREET ADDRESS: *4240 SE 20th PLACE #209*
CITY- ST- ZIP: *CAPE CORAL, FL 33904*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
NAME: ☐ Delete
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CITY- ST- ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald I. Billstrom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD I. BILLSTROM

Date

Daytime Phone

4/05/05 612-200-7234